									Application or Docket Number				
	PATENT A	RD		0	9/4	13	679						
	CLAIMS AS FILED - PART I									NTITY		OTHER	THAN
			(Column	1)	(Column 2)			TYPE			OR	SMALL	ENTITY
_	OTAL CLAIMS							RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		#395	OR	BASIC FEE	\$790
OTAL CHARGEABLE CLAIMS			minus 20=		*			X\$25≡			OR	= <b>7</b> د\$X	
NDEPENDENT CLAIMS			minus 3 = :		*			YED			OR	×200=	
11	ILTIPLE DEPEN	DENT CLAIM PE	RESENT								1		
۱f	the difference	in column 1 is	less than ze	ro enter	"0" in column 2			+/86			OR	+360=	
11	the difference in column 1 is less than zero, enter "0" in column 2 TOTAL										OR	TOTAL	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER SMALL	
	(Column 1) CLAIMS			(Colur HIGH		(Column 3)	ı	JIII.A.		ADDI-	OR 1	OMALL	ADDI-
		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATI	E	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ \$	= .		OR	X\$ <b>%</b> =	
1	Independent	*	Minus	***		=		768 X <del>42</del> -	_			×840	
(	FIRST PRESENTATION OF MULTIPLE DEPEN				CLAIM			180		· · · · · · · · · · · · · · · · · · ·	OR	360 +280=	
+ <del>140</del> =										OR			
							TOT ADDIT. F		. <u>.</u>	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)		- 1		· . ·			
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	111	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	100	Minus				E	25 X\$ 9			ΩB'	X\$18=	
	Independent	*	Minus	***				100	1.00		OH	200 X <del>8</del> 4=	
ζ.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							180			OR	300	
							+ 140	=		OR	1280-	The second	
						TO ADDIT. F				OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)					-		
<u> </u>	74.92.5	CLAIMS REMAINING		HIGH NUM	EST	PRESENT	l	·····	П	ADDI-			ADDI-
:		AFTER		PREVIO	DUSLY	EXTRA		RATE	=	TIONAL		RATE	TIONAL
	Total	AMENDMENT	Minus	** 2	S.	=		.25 X\$ <b>%</b> :		FEE		<i>5</i> 0 X <del>\$18</del> =	FEE
	Independent	* 7	Minus	***	<del>3</del> -	=		100 X42=	_		OR	200 X <del>01</del> =	<del></del>
•		<del></del>	<del></del>	<u> </u>	<del></del>		ıf	V-17	: 1			\\ <del>\\\\\</del> =	i

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

OR

OR

ΟŔ

180 + <del>140</del>=

TOTAL

360 +<del>280</del>=

ADDIT. FEE

TOTAL